V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County /factord	Registration Dist. No. / 8/
Village or City of berdeen	No. St Ward
(If Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Claude Alla	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OD DIVORCED (sprice the word)	21. DATE OF DEATH 6 4
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY. Thet I attended decessed from
41.01.011	1934, to affect 6, 1934
6. DATE OF BIRTH (month, day, and year) Were 4 1934	I lest sew have alive on agents, 1977; death is said
7. AGE Years Months Days If LESS then I day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
2 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at this occupation (month and	Fremance 1 mos. evels
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
O 10. Dete decessed last worked at this occupation (month end spent in this occupation occupation	
	Other Contributary Causes of Importance:
(Stete or country) Wacyland	
13. NAME Town allford 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country) while the caloung	What test confirmed diagnosis? Westhere an autopsy?
15. MAIDEN NAME Hayel Derebow	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Leon alford	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, GREMATION, OR BEMOVAL	
Pleca Trove wellerspois after. 7, 1934	Manner of Injury
19. UNDERTAKER / Leng Jacking & Sons	24. Was disease or Injury in any way related to occupation of deceesed?
(Address) Oblidery . md.	If so, specify 200
20. FILED J. 1934 Michael Registrar.	(Signed) Clerclew her)
Kegistrat.	(Muuless)

Statement of occupation.-Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second second			
Other contributory causes of importance:	p-14/4 []	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	1	71	1	

M	HIS IS A PERMANENT RECORD. Every item of infor- be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPA.
	Every ICIANS
•	RECORD PHYS Exact sta
ED FOR BINDING	RMANENT X A CT L Y. classified.
FOR B	HIS IS A PE he stated E he properly
Q	HIS he he

back AGE should it may on so that instructions supplied. See mation should be carefully very important. OF DEATH -WRITE rion is CAUSE

IARGIN RESERVI

Van Bibber, Md. Village or City Length of residence in city or town where death occurred 2. FULL NAME Emma C. Burgers Edgewood, Maryland. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Female White Married 5a. If married, widowed, or divorced Harry S.Burgers (or) WIFE of October 27, 1894 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 39 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NO Housewife OCCUPAT 9. Industry or business in which work was done, as SILK MILL. Home SAW MILL, BANK, etc 11. Total time (years)
spant in this 15 10. Date deceased last worked et this occupation (month and year) occupation Charlestown 12. BIRTHPLACE (city or town) Indiana (State or country) FATHER 13. NAME Unknown Unknown 14. BIRTHPLACE (city or town) (State or country) Unknown MOTHER 15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Mr. Harry S. Burgers 17. INFORMANT Edgewood, Maryland 18. BURIAL, CREMATION, OR REMOVAL _Date__C 1934 Kredall local Registrar.

	Registration Dist. No.	80
No.	12	Ward
death occurred in a hospital or ins	stitution, give its NAME instead of street	and number)
ds. How long in U.S.	if of foreign birth?yrs	mos ds.
MH H		
St., Ward.		
	If nonresident give city or town	
	CERTIFICATE OF DEAT	H
21. DATE OF DEATH		
April	(Month) (Oay)	, 193 4 (Year)
	(month)	(1681)
22. I HEREE	BY CERTIFY, That I atten	ded deceased from
	-, 19, to April 2	
I last saw her Xilve on	Dead on arrivalato	hospital
to have occurred on the date st	tated above, at unknown	
The PRINCIPAL CAUSE OF DI	EATH and related causes of importance	
were as follows:	The second secon	Oate of onset
	and 4th Cervical	
Vertebra.		
Other Contributory Causes of in		
	nuted fracture	
	e and lower third	
left leg. Scho	ck and hemorrhage,	Moderate.
Name of operation	None	of
What test confirmed diagnosis?	773 1 1 1	an autopsy? No
	causes (VIOL ENCE) fill in also the folio	
	Accident Date of injury A	
Where did Injury occur?	nters Run, Phila.P.	ike, Md.
Specify whether injury occurred	(Specify city or town, county and in INOUSTRY, in HOME, or in PUBLIC	PLACE.
Public highw		
	mobile Accident.	
Nature of injury See		
		No
	wey related to occupation of deceased	No
If so, specify	The firmer	N .
(Signed) Ben	Jamen T. Sharpton, M.	John C.M. D
411 177	gewood Arsenal, Md	

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
*Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Sax Comment			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03873
1. PLACE OF DEATH	210-m
county It arrow'	Registration Dist. No.
Village or City + allston - P. O'	No. St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
d = a an t	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cogares (- Clayla	<u> </u>
(a) Residence: No. #WYK MU.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If conresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	april /6 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 :110 1941	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than I day,	to heve occurred on the date stated abova, atm.
	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
Z Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sudden deaph!
SAWTER, BOURNEEPER, etc.	unda hus hum
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	A mal in also al
This acceptation (months and	The state of the state of
year)occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (Construction of Importance.
(Stata or country)	
I 13. NAME ASSECTION OF THE STATE OF THE STA	
14. BIR MPLACE (city or town)	Neme of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)]	Accident, suicida, or homicida? Accident Data of injury affect, 19 34
Bassi, Carela.	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 70 3 Saure So	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 1 1 by Curlo
Plece From M.E. Con Date april 19, 19 34	Nature of injury Fullial of skull
19. UNDERTAKER Clarente I. arthur	24. Was disease or injury In any wey related to occupation of deceased?
(Address) Foh 2nd,	If so, specify
20. FILED. 4/12.1934 Malliams from	(Signed) Spart Surson M.D.
20. FILED F. J. J. J. J. J. J. Wall J. J. J. Registrar.	(Address) som grvelle bod
LOCAL REGIST more blanks are needed, address State Registerar,	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
127	34

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonițis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.	
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	County	24	arfor	S		107 00	Registration Dist. No/	82.
	Village or (City	Belar	T Pa	9.	ND.	St.	. Wa
	Length of res	idence in cit	y or town where	death occurred	yrs mo:	f death occurred in a horpital or institusds. How long in U.S. if o	of foreign birth?yrs	
2	. FULL NA	ME	Mar	garet	I Coc	hoan		
	(a) Resider	ice: No		Ge.	air R.L	St., Ward.		
-	PERSON	IAL ANI	DSTATIST	(Usual place		MEDICAL C	If nonresident give city or town ERTIFICATE OF DEAT	
3.	SEX	1	OR RACE	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH		
	1	W.	hite	OR DIVORCE	D (write the word)		April 30 (Day)	, 193 4
5a.	if married, widow HUSBAND of (or) WIFE of	ved, or divor	ced	d 1	1000	22. LHEREBY	(3)	(1001)
	(or) WIFE of	Da	nie	ech	ran		CERTIFY, That I atten	
6.	DATE OF BIRTH	(month, day,	and yaar)	Sent. 2	4,1848		april 29/ 19.	
7.	AGE Yes	ors	Months	Days	If LESS than	to have occurred on the data state	d above, at 5- A. m.	
	8	7	1	6	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of importance	Date of or
NO	8. Trada, profa	work dona, a	S SPINNER.	Youser	vile	- Grandwal :	Tarken women	
PATI	9. Industry or	, BDDKKEEF business in s dona, as Si	which					
OCCUPATION	SAW MI	LL, BANK, at	tc					
ŏ	this occu	pation (mon	th and	Sp(tima (years) ent in this upation		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
_			Then !	and a	- Patron	Dther Contributary Causes of impo	ortance:	
12.	BIRTHPLACE (c (State or cou		alto	Co gr	d			
ER	13. NAME	Wm	V Du	mfai	rgh			
FATHER	14. BIRTHPLACI	(city or tov	vn) Ba	lto.C		Neme of operation	Data	of
		country)	100	. 1	ma	What test confirmed diegnosis?	Was there	an autopsy?
MOTHER	15. MAIDEN NA	ME	1) ary	1600	oer		ises (VIOLENCE) fill in also the folio	
MO	16. BIRTHPLACI	(city or tov	vn)	en Ca	md		Data of Injury	, 19
	INFORMANT	11-	al	Boler	P~	Where did injury occur?	(Specify city or town, county and 1 INDUSTRY, in HDME, or in PUBLIC	State)
17.	(Addrass)		Delta	Pa		opasily whether mjory occurred in		, FLAUE.
18.	BURIAL, CREMAT	IDN DR RE	MOVAL AP	Po w	1243 36	Mannar of Injury		
-	Place.	O I	1 yours	Dete	19.7	Nature of injury		
19.	UNDERTAKER (Addrass)	Hul	inf 5	Hay	end		ay related to occupation of deceased	?
	The -	. 4	Pepa Of:	as Pa	01-000	if so, specify (Signad)	E Allen	
	FILED //ay							

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
10N 2 1904			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	. PLACE OF DEATH		LAND	CERTIFICATE	OI DEATH	13840
	County Hanford			(2005-01)	Registration Dist. No. 183	
	Village or City Dame	Le Su	aco,	ND.	St	War
	Length of residence in city or town where d	aath occurrad	(II) yrsmos		tion, give its NAME instead of street a f foraign birth?yrs	
2	FULL NAME Willi	an a	1. Por	rister.	1	
	(a) Residence: No. 1706	Wad (Usual place of	ison	Bono oklanjage	wyork,	
	PERSONAL AND STATISTI			MEDICAL C	If notifisident give city or town : ERTIFICATE OF DEATH	
	sex 1. COLOR OR RACE	5. SINGLE; MARRIOR DIVORCED	(write the word)	21. DATE OF DEATH	koril 19. (Month) (Day)	193 (Year)
5a.	If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	hnown			CERTIFY, That I attand	lad deceased from
6. 1	DATE OF BIRTH (month, day, and year)	Tlakan	11869		19, to	
	AGE Years Months	Days	If LESS than	to have occurred on the data stata		, death 13 3et
a	let., 65		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT wara as follows:	H and related causas of Importance	Data of onse
NO	Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Plent	/K -	Heart Fail	en e	Data of onset
PAT	9. Industry or business in which work was done, as SILK MILL.				is unable to give any	
OCCUPAT	SAW MILL, BANK, etc	11. Totel tim	e (years) in this	information Corriet	n was doth whom I	Oro Ray
12.	BIRTHPLACE (city or town)	10/100	· D	Dther Contributory Causes of impo	reance: any treatment in the	lie City.
ER	13. NAME	1	7 ,		95	14
FATH	14. BIRTHPLACE (city or town)	Kun	un	Name of operation	Data of	
2	15. MAIDEN NAME				Was there a	
MOTH	16. BIRTHPLACE (city or town)	N.		0	ses (VIOLENCE) fill In also tha follow	
Σ	(State or country)	900	mu,	Whare did injury occur?		
17. INFORMANT arthur f franks (Address) / 706 - madro oust, Brookly			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
18.	BURIAL, CREMATION, OR REMOVAL		n.yd	Manner of injury		
	Place Place	Date Ups.	21, 19 19 4	Nature of injury		
19.	19. UNDERTAKER LANGE AND A STATE OF THE STAT				y related to occupation of deceased?_	
20.	FILED april 19134 Clar	les I. Fall	Ley D.S.	(Signad) Joseph	- Struburgar	Dorocey M.

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li li	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:	

stated EXACTLY. PHYSICIANS should state

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	948
County Harbord	Registration Dist. No. 18
Village or City Cherleen B. F. D. #	No. St., Ward
Length of residence in city or town where deeth occurred 30 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME aliel La Prelluna	9
(a) Residence: No. Alluny	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, cyfdivorcest	(Month) (Day) (Year)
WESTAND OF (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
John & William	, 19, to, 19
6. DATE OF BIRTH (month, dey, end year) March 4th 1859	I last saw h alive on; deeth Is said
7. AGE Yeers Months Deys If LESS than 1 day,	to have occurred on the date stated above, at _/ Z_ Am.
/3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this occupation (month and	Coronan dononelos
work was done, as SILK MILL, SAW MILL, BANK, etc	Contract of the second
Spent in this	
year) occupation occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
E	No. of the last of
[State or country]	Neme of operation
15. MAIDEN NAME Unbrown	What test confirmed diagnosis? Wes there en autopsy? 23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
17. INFORMANT M. William & Cullium (Address) aherdeen R. I.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place alway certify Detalpred 9, 1934	Nature of injury
19. UNDERTAKER Starry Larring Hons	24. Was disease or Injury In any way related to occupation of deceased?
(Address) falleraup ma	If so, specify All And
20. FILED JULY 9, 1934 Thousand	(Signed) A Con Market D.
Registrar.	(Address)

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
· Constitution of the cons			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY, WI

N. B.

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1		L Project	t day
U	3	3	1	6
		0.11		

1. PLACE OF DEATH	(210.9)
County Sarford WITHIN COMPORAT	Registration Dist. No. 185
Village or City Have de Grace	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Harry Lee Denly	
(a) Residence: No. Therefore	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, dey, and yeer) ON. 16 1917	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS then 1 deyhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
/6 / 6 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. Action See SILK MILL. 10. Date time (years) 10. Date save data worked at this occupation (month and seems of this occupation (month and seems of this occupation (month and seems of the se	Struck by automobile
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc VALUE COLORS (10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Cherilian	Other Contributory Causes of importance:
(State or country)	
13. NAME Harry M. Denhow	
13. NAME Harry M. Frenchow 14. BIRTHPLACE (city or town) Harford Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externat causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
Jan Matti Rand	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSPRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury & Kull Rsushed
Place Frame Currely Date Lighter 18, 1934	Nature of injury
19, UNDERTAKER String January Stone	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Jaherday md	If so, specify
20. FILED aper. 17, 1934 Charles J. Jalu M.D.	(Signed) Jolifon Hausburg M. D.
Registrar.	(Address) Haml all Proce was
If more blanks are needed, dddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis May	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	25
County Harford	Registration Dist. No. / 8 (
Village or City floryman (16)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
// /- 7	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Nearl P. Danmison	2
(a) Residence: No. Sigh Jumber	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Funale Colored OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
5a. It married, widowed, or divorced HUSBAND of	22. I HE/REBY CERTIFY, That-I attended decessed from
(or) WIFE of	(Dul 5 1834 to when 21 1934
6. DATE OF BIRTH (month, dey, end year) Aust 20 - 1916	I last sew here alive on Copy 120, 1939; death is said
7. AGE Yeers Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at 4.13.04 m.
ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trede, protession, or perticular kind of work done, as SPINNER, Armslind SAWYER, BOOKKEPER, etc	moexculain Illutaniles teb. 1934
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month end	
SAW MILL, BANK, etc	
this occupation (month end 1933 spant in this occupation 1324,	
12. BIRTHPLACE (city or town) Perryman	Other Contributory Causes of Importance:
(State or country) Md.	Nypostalie Pneumonia 4-2034
13. NAME Solet G. Dennison 14. BIRTHPLACE (city or town) Plentyman (State or country)	
14. BIRTHPLACE (city or town) Jelveysman (State or country)	Neme of operation
	What test confirmed diegnosis? Wes there en eu'opsy?
15. MAIDEN NAME Grown M. Sincon 16. BIRTHPLACE (city or town) Junyman (State or country)	Accident, suicide, or homicide? Dete of injury19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Mr. Polish G. Dennisan Merry man and	Specity whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Union M. E. Cimuly Detelagra 1. 14, 19 3.4.	Neture of Injury.
19. UNDERTAKER BENNY Jansing Jams	24. Was diseese or injury In any way releted to occupetion of deceased?
(Addiess) & allerdate mo	(Signed) Saude & Owar M. D.
20. FILED 1994 S Registrar.	(Address) 552 St. Clair St. Have de Grace

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RI	
MA	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should Registration Dist. No. 185 No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidence in city or town where death occurred How long in U.S. If of foraign birth?______mos.____ds. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write tha word) classified. 5a. if married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attanded deceased from (or) WIFE of V × H 6. DATE OF BIRTH (month, day, and year) (certificate properly 7. AGE Months If LESS than to have occurred on the data statad abova, at___ stated 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ AGE should may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc... uo 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this so that instructions occupation ____ 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or tow Name of operation. (State or country) should be carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. ij 23, if death was due to external causas (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?______ Date of Injury______, 19_ DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?___ (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Very OF (Addrass) 18. BURIAL, CREMATION, OR BEMOVAL -WRITE Mannar of injury CAUSE mation NOIL Nature of injury 24. Was disease or injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signad) Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II			
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
QUREAU V.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(57.d)
County Harfard	Registration Dist. No. 183
Village or City Rocks	No. St., Ward
(If	death occurred in a hospital or institution, give its IVAIVIE instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Oaty Edwards	
(a) Residence: No. Arcks	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	9: 40
	I last sew him elive on April 14, 19.3 4; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days 'if LESS than	to heve occurred on the date steted above, et / 2 m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEFPER, etc	themaline & deformation
9. Industry or business in which	Head very much deformed;
work was done, as SILK MILL, SAW MILL, BANK, etc.	Lad no meckis
ID. Dete decaesed lest worked at this occupation (month end year) 11. Total time (years) spant in this occupation	lage drawn wer abdomen custo
12. BIRTHPLACE (city or town) Parker, Msd. (State or country)	Other Contributory Causes of Importence:
13. NAME Herry Edwards	
13. NAME Newy Edwards 14. BIRTHPLACE (city or town) Rooth Carolina.	Neme of operation Date of
(State or country)	Whet test confirmed diegnosis? Wes there an aulopsy?
15. MAIDEN NAME Blauch Cleary.	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) M.s. Canaland	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Henry Edward.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Bastust View Date Ofil 15,1934	Manner of Injury
19. UNDERTAKER STUND For Jarre Hearlle pur	4. Wes disease or injury in any way releted to occupation of deceesed?
20. FILED Ofer 15, 1934 Thomas P Brown Registrar.	(Signed) M.D. (Address) Cardiff Mile
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requestion 71 S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Signed) Registrar. (Address If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis G3A13034	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
TA CAN	1		
Other contributory causes of importance:	/	Other contributory causes of importance:	
Other contributory causes of importance: Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-00
County Harford WITHIN CORPORAT	Registration Dist. No. 15
Village or City Hane de Trace	NoSt., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Hewer Gordon	,
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH STATE (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Handy Brown Sordon.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 26 -1884	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; daath is said to have occurred on tha data stated above, atm.
49 9 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trada, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Struck by an automobile
9. Industry or businass in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Principle -	Other Contributory Causes of Importance:
(State or country)	
13. NAME Samuel Gordon.	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Maryland,	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lucy of Carty.	23. If death was due to external causes (VIQL FNCE) fill in also the following:
[State or country]	Accident, suicide, or homicide? Accident Date of injury 4/4, 1994. Where did injury occur? Low Deposit ma
17. INFORMANT Hamal Simpson	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) William glow years	1 Pyblic Space
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Rhuch we head
Place Cottes with Data april 1, 19 34.	Nature of Injury
19. UNDERTAKER Ruman aland Source (Address) Have del Trusch 1771, d'	24. Was disease or injury In any way related to occupation of deceased?
	(Signed) Joseph Hamburge (Carrier)
20. FILED april 11, 19-34 Charles Jaley M. A. Registrar.	(Address) Hane de Eure, Med,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	RECORD. Every item of infor- PHYSICIANS should state Exact statement of OCCUPA-
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INDING	RMANENT RECORD. Every item of infor- XACTLY. PHYSICIANS should state classified. Exact statement of OCEUPA-

STATE	OF	MARYLAND-	-CERTIFIC	ATE	OF	DEATH
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6. DATE OF BIRTH (month, day, and yer) 7. AGE Years Months Bays If LESS than I day	STATE OF MARTEAND	CERTIFICATE OF BEATTI
Village or City. Van Bibbes (If death occurred in a horpital or institution, give its NAME instead of steet and number) Langth of rasidence in city or town where death occurred. 15 yrs. mos. 2. FULL NAME (a) Residence: No. Van Bibbes (If death occurred in Now long in U.S. If of foreign birth? yrs. mos. (b) Mark (If death occurred in Now long in U.S. If of foreign birth? yrs. mos. 3. EX (COLOR OR RACE ORDINGED (winite the world) or DIVACED (winite	1. PLACE OF DEATH	95-6
Village or City. Van Bibba. Ingth of residence in city or town where death occurred. The state of the country of the state of the city or town where death occurred. The state of the city or town and State. 2. FULL NAME. (a) Residence: No. (Clusia place of shoold) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE OR ONO WIFE of Shoold or divorced (or) Wife of Short Of Birth (Month). (Or Wife of Short Of Short Of Birth (Month). (Or Wife of Short Of Short Of Birth (Month). (Or Wife of Short Of Short Of Birth (Month). (Or Wife of Short	County Harland	Registration Dist. No. 1800034
(a) Residence: No. (b) A Residence: No. (C) A Residence: No. (C	110	No
(a) Residence: No. (b) Classiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SIMCE MARRIED. WIDOWS OR DIVORCED (wire the word) 5. If married, widowed, or divorced (rear) (or) Wife of your form of the dete stated above, at 3. SP m. 1 day. 1. It ESS than 1 day. 1. It as a will. 1. SAW MILL, BARK, stc. 10. Date George Here, BOCKEFER, etc. 10. Just accountry or business in which word one as SIM MILL, SAW MILL, BARK, stc. 10. Date George Here, BOCKEFER, etc. 11. Total time (years) Socupation Other Cestribetery Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Manual Cell of the Medical Cell of town, Country and State) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CEENATION, PR REMOVAL Place St. Examces Com. Date April 17, 134 Place St. Examces Com. Date April 17, 134 Namer of injury Nature of injur	A STATE OF	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) AND THE STATE OF BIRTH (month, day, and left) OR DIVORCED (write the word) 5. DATE OF BIRTH (month, day, and left) AGE Wests Months Days If LESS than 1 day,, left Or, left Or, left Months Days If LESS than 1 day,, left Or, left Or, left Or, left I last saw #B, left 19. 3. 4. 19. 3	(a) Residence: No. Yan & Way	St., Ward.
OR DIVORCED ("write the word) 103. 14 104. 105. If married, widowed, or divorced (Month) (Month) (Day) ("Gat") 105. If married, widowed, or divorced (Month) (Month		MEDICAL CERTIFICATE OF DEATH
ACCIONITY OF BIRTH LACE (city or town) SIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. What tast confirmad diagnosis? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER 19. A FARA MOUNT (Signed) 19. What or injury in any wey releted to occupation of deceased? 20. FILED Chara 19. A FARA MOUNT (Signed) M. M. M. M. C. ORDAN M. M. Savering and Size or injury in any wey releted to occupation of deceased? M. M. M. C. ORDAN M. M. Savering and Size or injury in any wey releted to occupation of deceased? 19. UNDERTAKER 19. A FARA MOUNT (Signed) M. M. M. Savering and Size or injury in any wey releted to occupation of deceased? 19. UNDERTAKER 19. A FARA MOUNT 19. Savering and Size or injury in any wey releted to occupation of deceased? 20. FILED Chara 19. Savering and Size or injury in any wey releted to occupation of deceased? 21. If dest was due to external causes (VIOLENCE) fill in size the following: 22. Was disease or injury in any wey releted to occupation of deceased? 23. If dest was due to external causes (VIOLENCE) fill in s	OR DIVORCED (write the word	april 19 193 4
The PRINCIPAL CAUSE OF DEATH and related abova, at. 3: "Nom." The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance w	(or) WIFE of & homes of Breen &.	3-12 1934 to 4-14 1934
Strade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc. 10. Date deceased last worked et this occupation (month and year) (State ar country) 11. Total time (years) spent in this occupation Other Centributory Causes of importanca: 12. BIRTHPLACE (city or town) (State ar country) 13. NAME Nama of operation. Nama of operation. Date of. What tast confirmed diagnosis? Was there an autopay? What tast confirmed diagnosis? Was there an autopay? What tast confirmed diagnosis? Specify city or town) (State or country) 17. INFORMANI (State or country) 18. BURIAL, CREMATION OR REMOVAL Place St. Rainces Come Date April 17, 34 Namaer of injury Nature of injury Nature of injury Nature of injury Nature of injury In any wey releted to occupation of deceased? 19. UNDERTAKER ADTITICATION If so, specify (Signed) M. M. O. Hordows M. M. C. Roward M.	7. AGE Years Months Days If LESS that I dey,	to have occurred on the dete stated abova, at 3:30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Coatributory Causes of importanca: Other Coatributory Causes of importance in Industry of Industry in Industry Industry in Industry	8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	
12. BIRTHPLACE (city or town) (State ar country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) (Signed) (Signe	- I this see pation (month and apoint in this	disease
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. State or country) 10. What tast confirmad diagnosis? 11. Was diease (VIOL ENCE) fill in also the following: 12. Where did injury occur? 13. Specify city or town, county and State) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 18. BURIAL, CREMATION OR REMOVAL Place 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER Abitical 19. Was disease or injury in any wey releted to occupation of deceased? 19. UNDERTAKER Abitical 19. UNDERTAKER	(State ar country) Harford Co md	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION OR REMOVAL (Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. FILED 11. MAIDEN NAME 12. If deeth was due to external causes (VIOL ENCE) fill in also the following: 12. If deeth was due to external causes (VIOL ENCE) fill in also the following: 18. Deet of injury 19. Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 19. Was disease or injury 19. UNDERTAKER 19. Was disease or injury In any wey releted to occupation of deceased? 16. Specify 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER ADDITION 19. (Signed) 10. Howard 10. Howard 10. Mainer of injury Nature of injury 11. Specify (Signed) 12. Was disease or injury In any wey releted to occupation of deceased? 18. Specify (Signed) 19. (Signed) 10. Howard 10. Howard 10. Mainer 11. Mainer 12. (Signed) 12. Was disease or injury In any wey releted to occupation of deceased? 10. Howard 11. INFORMANT 12. (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 19. Was disease or injury In any wey releted to occupation of deceased? 10. Howard 10. Howard 11. INFORMANT 12. (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 19. Was disease or injury In any wey releted to occupation of deceased? 10. Howard 10. Howard 11. INFORMANT 12. (Specify city or town, county and State) 12. Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR TENDED 18. BURIAL, CREMATION, OR TENDED 19. UNDERTAKER 1	14. BIRTHPLACE (city or town)	
Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION OR REMOVA Place St. Brances Cem. Date April 17, 19 19. UNDERTAKER Abingdon; Lid. 19. UNDERTAKER Abingdon; Lid. 20. FILED Gran / 6, 1934 Fred Mordok (Signed) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER or In PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) 24. Was disease or injury In any wey releted to occupation of deceased? (Signed) M. O. Hodows M.	16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicida?
Place St. Efances Cem. Date April 17, 1934 Nature of injury 19. UNDERTAKER Abingdon, Md. 24. Was disease or injury In any wey releted to occupation of deceased? 25. FILED Char 16, 1934 Fred Mordok (Signed) Prof. O. Hodows M.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Abingdon, Md. If so, specify (Signed) Pred O. Hodons M.	Place St. Exances Cem. Date April 17, 193)4
20. FILED Jun 19 1934 New 1110 Can Pe	Howard K.McComas, (Address) Abingdon, Md.	
	20. FILED Jun 16, 1934 Fred Mordok Focal Registrar.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	.1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
	Δ	CEIVED	
Other contributory causes of importance:	-74	Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year
	7		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

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STATE OF MARYLAND-	CERTIFICATE OF DEATH 03885
1. PLACE OF PEATH	
County Harfard - THY CORPORAT.	Registration Dist. No. /55
Village or City of the de Grace	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
I amount of the fact of the fa	sds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME Colward Hall	
(a) Residence: No Naure de Brae (Usual place of abode)	U. St., Makerd If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 6 1934
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) See 23-494	I last sawn alive on afactul 3, 193 4; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
14 3 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	p f p
SAWYER, BOOKKEEPER, etc.	Lotan freumonia
work was done, as SILK MILL, SAW MILL, BANK, etc.	·····
Solve the state of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Swith County (State or country)	Other Centributery Causes of importance:
1000	
E Part	
(State or country)	Name of operation Oate of
W 15. MAIDEN NAME CITTLE THAT	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cuth Hagne 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
States or country)	Accident, suicide, or homicide?
17. INFORMANT paston Hald	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Information
Place West Hotter Stanfale Office P. 19 3 4	Manner of injury
& THE PARTY	
19. UNDERTAKER C. Joseph G. (Address) Pusing Sun Ma	24. Wes disease or injury in eay wey related to occupation of deceased?
20. FILEDEpuil 6 , 1934 Charles J. Faley m. 2	(Signed) M. O

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	11	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsyl 'S 'A IV AC	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MOENTED!	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state of infor-OCCUPA.

should

of

Registrar.

If more blanks are needed, address State Registrar, 241

STATE OF MARYLAND—CERTIFICATE OF DEATH

	us
OL West	
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	1
21. DATE OF DEATH (Bil 71 PM) (Day)	, 193
, , , ,	deceased from 1934 daath is said
to have occurred on the date stated above, at	
The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset
Leveral Carringma	1932
Burat	
Other Contributory Canses of importance: Bardiae El Loustion	
Name of operation Dete of	
What tast confirmed diegnosis? Was there an a	utopsy?
3. If deeth was due to external causes (VIOLENCE) fill in also the following	
Accidant, suicide, or homicide? Date of injury	, 19
Whare did injury occur?	:) CE.
Mannar of injury	
Neture of injury	
4. Was disease or injury In eny way ralated to occupation of daceased?	
(Signed) Ame 26 23 ay (Address) From DE Line In	J.M. D.
z N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
			0		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	- (82 vL)
County Harford	Registration Dist. No.
Village or City Garland	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Mary V. Stitrick	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sul 73.4 (Month) (Day) (Year)
5a. If married, widowed, or diversed those AND of (or) WIFE of J. Q., Stetrick	22. Phril 9 1934 to Well 23 1034
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,	I lest saw her elive on Spil 23 1, 193 ; death is said to have occurred on the date stated above, at 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Reme blegia Left
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end spent in this	side !
12. BIRTHPLACE (City or town) To request	Other Contributory Causes of importance: Orthur Scluves
13. NAME C. A allau 14. BIRTHPLACE (city or town) - Housell (State or country)	Neme of operation
(State or country)	Neme of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Cornelia Coale 16. BIRTHPLACE (city or town) Churchulle (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT 19, Stetrils (Address) Have Di Grace Me	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Darling to Compate afril 26, 1934	Manner of Injury
19. UNDERTAKER A. S. Bailey mg	24. Wes disease or injury In any way related to occupation of deceased? If so, specify
20. FILE Depuil 29, 1954 Buille B Knight	(Signed) James 10 10 Jan. M.D. (Address) Home St. Groce, 2hd.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ī

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county Harfurd	Registration Dist. No. 184
Village or City Mear Castleton	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Robert Carroll	Jones
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Opin 15 193 40
Male While Single	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from Okril V 1938 to Ckerl /J 1938
6. DATE OF BIRTH (month, day, and year) March 7/934	Hast saw have alive on akil 11 19.34; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at . G m.
ormin,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Engeneel erely: cotavalal opiel
9. Industry or husiness in which work was dona, as SILK MILL,	J Duration: two weeks. Villa
kind of work done, as SPINNER, SAWYER, BOOKKEFER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and	Cing of
year) occupation PD	Other Coutributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
13. NAME Gordon moore	
13. NAME Jordon Moore 14. BIRTHPLACE (city or town) Dulta	Name of operation
(State or country) Ruma	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Ella Ogner 16. BIRTHPLACE (city or town) Cronylly (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town). Complex (Stata or country)	Accident, suicida, or homicide?
Ella O	Whera did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Davidinator Made	· · · · · · · · · · · · · · · · · · ·
18. BURIAL, CREMATION OR REMOVAL Place aring to Cempate april 17, 1935	Mannar of injury
APJ D - 10.	Nature of injury
19. UNDERTAKER (Addrass) DO Addrass)	24. Was disease or injury In any way related to occupation of deceased?
Ola 111 24 Math Will	(Signed) L. Accordance of M. D. M. D
20. FILED WILL 19 3 4 11 eff a FUNY	(Address) (A) or del statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation,

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Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II			
			The principal cause of death and related causes of importance were as follows:			
Arterioselerosis	700	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	MARY	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago		
	PUR					
Other contributory causes o	f importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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484	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03885
a of infor- ould state OCCUPA-	1. PLACE OF DEATH	(18620)
	County Varford WITHIN CORPORAT.	Registration Dist. No. 185
tem of should of OCC	Village or Civ Havrede Grace	Na Haskital St., Ward
	(#	death occurred in a copital or institution, give its NAME instead of street and number)
in NS in	Langth of residance in city of town whara death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
AD. Every YSICIANS statement	2. FULL NAME James Harold Ju	ear
D. SH	(a) Residence: No. Havre de Grace	St., Ward. If nonresident give city or town and State
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECORD PHYS Exact sta	3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
X. X.	OR DIVORCED (write tha word)	Upr. 2 1934
IG FEN.	5a. If married, widowad, or divorced	(Year)
AN C C Sife	(or) WIFE AT Pary Hase Jugas	22. HEREBY CERTIFY That attended deceased from
BINDI ERMA EXA y classi te.	my cos	i last say have allye on affect, 5 1934 death is said
BINJ PERM EX P cla y cla	6. DATE OF BIRTH (month, day, and year) //ay/, /8 7	6.00
R A F ed ed serl	7. AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
FOR B. IS A PE stated E properly certificate	00 1/1 7 ormin.	wara as follows:
HIS I be so of co	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc.	Course Well St. Miles
VEI	kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and	Continue Summing
	9. Industry or business in which work was done, as SILK MILL, Cannel P. P. SAW MILL, BANK, etc.	Quality Aug to 10 Decree
SE SH NK	10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this 2 Mp.	Of the till surge wood
	this occupation (month and fax /934 spent in this z Mo.	Other Contributory Causes of Importance:
N A L G	12. BIRTHPLACE (city or town)	Kind of traumations; due to a fall.
GIN FADI	(State or country)	Oct. 24, 1934, Cever
AR UNF uppli term term	13. NAME John O. Lucas	
	14. BIRTHPLACE (city or town)	Name of operation
T Sie	Collect of country)	What tast confirmed diagnosis? Was there an autopsy?
INLY, WIT be carefully EATH in pla	I 15. MAIDEN NAME Alice Trowders	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
Har.	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
JINL be be EAT impo	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT TO Mary Hazellucas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) Arghie Cenn. 18. BURIAL, CREMATION OR REMOVAL	Manage of Intern
is is	Place Dyrone Va: Date Upr. 6, 1954	Nature of Injury
ON CLES	PR.Madin Phit 1010	
7 55	19. UNDERTAKEN / / / / / / / / / / / / / / / / / / /	24. Was disease or injury in any way related to eccupation of decaased? If so, spacify
Z	2 - 60 01	(Signad) Selling M. D.
× z (T)	20. FILED april 3, 1934 Charles J. Faley M. D. Registrar.	(Address) Signey De Nyago / MI
U		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HAY 5 1934			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

supplied.

mation should be carefully

-WRITE PLAINLY,

CAUSE OF DEATH in plain terms, so that it may

certificate.

Jo

See instructions on back

TION is very important.

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03890
1. PLACE OF DEATH	
County Marland MATRIN CORPORATO	(75)
	Registration Dist. No. 185
Village or City Lave de Grace, Mal?	No. St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
(16): 11	uerf f
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (purite the word)	as de la company
male wine suigh.	(Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceased from
(or) WiFE of	
6. DATE OF BERTH (month, day, end yeer) March 8 - 1902	i last saw h alive on
7. AGE Yeers 2 / Months Days If LESS then	to heve occurred on the date stated above, atm.
1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profession, or particular	were es follows:
kind of work downer, per SPINNER,	
SAWYER, BOOKKEEPER, etc.	Anto Alasting
work wes done, es SILK MILL, SAW MILL, BANK, etc.	acute accordance
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end spent in this	
year) occupetion	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Newark	Other Contributory Causes of Importance:
(State or country) New Yersey.	
I 13. NAME Chikavia	
14. BIRTHPLACE (city or town)	
(Stete or country)	Name of operation Dete of Whet test confirmed diagnosis? Wes there en eulopsy?
15. MAIDEN NAME	
H	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
Q 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Menner of injur Neture of injury If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	107-a)
County Harford	Registration Dist. No. 184
Village or City 20 arlungton Length of residence in city or town where death occurred 22 yrs	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Of a Carry 111	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (pink) /2 , 193 4 (Year)
5a. If married, widewed, or diverced HUSBAND of Elwara Mc Muth	22. OHEREBY CERTIFY That I attended deceased from 193 V, to Oheil 7. 193 9.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days Jif LESS than 1 day,hrs	I last sawhite alive on Chief 193 (; death Is said to have occurred on the date stated above, at 12 - Ca m.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Davy SAW MILL, BANK, etc. 10. Date deceased last worked at this coveraging month and specified by sent in this	Greenway spill
1D. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town). LO arlington (State or country) Md:	Other Coutributory Causes of importance:
13. NAME from as Mc Mutt 14. BIRTHPLACE (object town) Darlington	Name of operation
(State or country) Md &	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LUAM. Wilson 16. BIRTHPLACE (city or town) Baltimore Co,	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Baltimore Co,	Accident, suicide, or homicide?
17. INFORMANT MAIR C. McNutt (Address) 22 and invation. Mad	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL Place Darlington Co. Date June 14, 193.	Manner of injury
19. UNDERTAKER St. B. Bailey (Address) Darlington omy.	24. Was disease or injury in any way related to occupation of deceased? 7.0
20. FILED April 12, 1934 m. Oh, Kirk Registrar.	(Signed) The surge M. D. (Address) Danlington
If more blanks are needed, address State Registra	1, 241x N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
Gaustones	May 1,1923	Gastroenteritis	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 038	392
1. PLACE OF PEATH /	15	
County Harfaid.	Registration Dist. No. 182	,
Village or City / 154 UC	NoSt.,	Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number of the s	
2. FULL NAME Matthew W. no	rman	
(a) Residence: No. 1 Bel Oir, Md.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	laic
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOS OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Male White OR DIVORCED (write the word)	april 2 (Month) (Day)	193 2/ (Year)
5a. If married, widowed, or divorced HUSBAND of Mar gill I. Norman	22. 1 HEREBY CERTIFY, Thet I attended de	eceesed from
6. DATE OF BIRTH (month, day, and year)	last saw have alive on agn 2 1934.	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	douth to soil
8 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Spephenens lonsilates	3/27/34
kind of work done, as SPINNER, FALLING SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (organization) and in the companion (organizat		
10. Date decessed last worked at this occupation (month and utual spent in this occupation)		
12. BIRTHPLACE (city or town) North Carolina	Other Contributory Causes of importence: Symptoclas neck-face	/ /
(State or country)	chek ft	3/31/34
14. BIRTHPLACE (city or town) Morth Carolina		
(Stete or country)	Name of operation Date of	
# 15. MAIDEN NAME Thompson	What test confirmed diagnosis? Was there en aut 23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy?
16. BIRTHPLACE (city or town) Morth Carolina (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT (Calph & Norman (Address)	Where did injury occur?	E.
18. BURIAL, CREMATION, OR REMOVAL Plece Mount Zion, Cem. Date April 4, 1934	Manner of injury	
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Wes disease or injury in any way related to occupation of deceased?	no
20. FILED april 4, 1934 Virginia E. Chambers Registrar.	(Signed) Polytophanol (Address) Bellieur rud	M. D.
If more blanks are and all all a Court Bride		

115009

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

be

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 4	6	1 1		13	0	7
	1	38	3	9	9)

1	. PLACE OF DEATH			
	County	Harford	Registration Dist. No. 182	
	Village or City	ean Hallot	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
4	Length of residence in city or town whe	re death occurredmos		ds.
2	. FULL NAME Seco	Edw Augh	(Pugh)	
	(a) Residence: No.		St., Ward.	
-	PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State	
2 9	PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
2	nale Black	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Charles 3 Vd (Day) (Day) (Day)	(fear)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	Deal.	22. HEREBY CERTIFY, That I attended decease	
6. 1	DATE OF BIRTH (month, day, and year)	about 1880	I last saw har alive on ARC 2 197 don't	h Is said
7. /	AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8 Trade, profession, or particular kind of work done as SPINNER	ormin.	Were se tollowe:	ofonset
PATIC	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which	Juvores	Conot Other alice 3	2-1
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	11. Total time (years)	- Committee of	737
	year)	spent in this occupation	Other Contributory Causes of Importance:	
12.	(State or country)	ungrana	DATIN LOOP	
TER	13. NAME Honny	Righ	WWW Mound	
FATHER	14. BIRTHPLACE (city or town) (State or country)	alland	Name of operation Date of	
ER	15. MAIDEN NAME Julia	Shenaen	What test confirmed diagnosis? Was there an autopsy 23. If death was due to external causes (VIOL ENCE) fill in also the following:	7
MOTHER	16. BIRTHPLACE (city or town) Mrs. (State or country)	myland	Accident, suicide, or homicide? Date of injury, 1	9
17.	INFORMANT Sligisless. (Address)	Spencer	Where did injury occur?	
18.	BURIAL, CREMATION, OR REMOVAL COMPIECE COMPIECE	edipate Ghil 5 1934	Manner of Injury	
19.	UNDERTAKER Homber (Address)	on of Gross	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED apr 4 , 1934 n. E.	Richardson Registrar.	(Signed) - Millio / 10 000000000000000000000000000000000	[M. D.
	If mo	re blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
}		
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ż

	1. PLACE OF DEATH	MARTEARD	OBS 34
1	county Harfard	W. WILL CORPORATO	Registration Dist. No. 185
	Village or City Hafre de	& Grace	No. Haskital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
1	Langth of residence in city or town where death		. //
	2. FULL NAME : Clerabet	to Suigleton	(St Clair)?
	(a) Residence: No. Figest	Thick Md (Usual place stabode)	- St., Ward. If nonresident give city or town and State
1	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Temple white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 14 , 193 4 (Month) (Day) (Year)
	5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Addition	St. Clair	22 1 HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and year)	ch 11-1886	Upril 9 ,1934, to april 14 ,1934 Liet saw h lr alive on april 13 ,1954; death is said
	7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at
	48 2	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	uswife	Oate of onset
I	9. Industry or businass in which work was dona, as SILK Milt.		
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data dacased last workad at this occupation (month and	11. Total tima (years) spant in this	Salpingita probably gonovs bold in ois
	yaar)	occupation	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town)		
	(State or country)	Maria-	Arepuglis
	13. NAME Ulliand	suffich	0
	14. BIRTHPLACE (city or town) (Stata or country)	and boud	Name of operation. Oate of
		Miss states	What test confirmed diagnosis? Was there an autopsya
	16. BIRTHPLACE (city or town)	- Agriculture	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?
	(State or country)	villand.	Whara did injury occur?
	17. INFORMANT Prompto (Address)	ng Johnglet	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
1	18. BURIAL, CREMATION, OR REMOVAL	0/11/11	Manner of Injury
	Place // Win D	Date Upril 16, 19.34	Nature of injury
-	19. UNDERTAKER ALL BOLL BOLL BOLL BOLL BOLL BOLL BOLL	ily	24. Was disaasa or injury in any way related to occupation of daceasad? 40
1	20. FILEO ap 2. 14, 1934 Clar	les J. Faly mind	(Signed) T. B. Weller M. D. (Address) Harron France France
	If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example 1	li li	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car VEGI S AVIV	1 week ago
. Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	1 / Tour	low		No.	Registration Dist. No	/8 3 St. War
Village or C	lly J	<i></i>		death occurred in a hospital or instit		treet and number)
Length of resi	dence in city or town where	death occurred	yrsmos	ds. How long in U.S. if	of foreign birth?yrs	mosd
2. FULL NA	ME Elva	Seco	graves			
(a) Residen	ce: No.	(Usual place	of abode)	St., Ward.	If nonresident give city or	town and State
PERSON	IAL AND STATIS	TICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DE	ATH
Temple	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	il (Month) (Dey)	, 193 (Year)
a. If married, widow HUSBAND of	red, or divorced	0		22. LHEREB	Y CERTIEY, That I	ettended deceesed fro
(or) WIFE of				grel 13	1934 to april	6 ,1934
DATE OF BIRTH	(month, dey, end yeer)	left 19-	1933	I st sew h Low alive on	april 15	, 1934 ; death is se
AGE Yes	1	Days	If LESS then	to have occurred on the dete sta	ted above, etm.	-
-	- 6	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of importe	Date of one
8. Trede, profe	ssion, or perticular work done, es SPINNER, BOOKKEEPER, etc	no	ـد	acute The	-Calilia	3448
9. Industry or	business in which s done, as SILK MILL, LL, BANK, etc		0 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			/
	ed lest worked at pation (month end	- spe	time (yeers) ent in this cupation			
12. BIRTHPLACE (ci		lou e	o sud	Other Cantributory Causes of im	oortence:	
	rand Se	Graves	~			
13. NAME	(city or town)	the co	-	Name of operation		Date of
(State of	country)	n.C.		Whet test confirmed diegnosis?_	Wes	there en autopsy?
15. MAIDEN NA	ME Lura	Bleve	ing	23. If deeth was due to externel c	euses (VIOLENCE) fill In elso the	following:
15. MAIDEN NA 16. BIRTHPLACE (Stete of	E (city or town)	sh e	3	Accident, suicide, or homicide?_ Where did injury occur?	Dete of injur	y, 19
17. INFORMANT	ward Jan	egrav	The state of the s		(Specify city or town, count in INDUSTRY, in HOME, or in Pl	y and State) UBLIC PLACE,
18. BURIAL, CREMA	TION OF REMOVAL	Dete Ofu	8	Menner of injury		
19. UNDERTAKER	Shyn	\$ 2000		- 0	wey related to occupation of deco	eesed?
(Address)		A TIALA	THE RESERVE OF	If so, specify		

CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis A Marie A	3 days ago
		HECELAED	
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1	
	1	
FOR	7	
RECEDEN	ATT COTAT	
MARCIN		
	4	

V. S. No. 1

1	S	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	03896
1.	County C	Harto	rd.		Registration Dist. No. / S	73
	Village or City	Janel	Dot.		NoSt.,	Ward
2	Length of residence in	city or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street at	
۷.	(a) Residence: No.	cocy,	Taylor Sual place	of abode)	St., Ward. If nonresident give city or town a	and State
	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Jes Jes	f married, widowed, or div	or or race	5. SINGLE, MAR OR DIVORCEI	RIFD, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Dey)	193 (Year)
Ja, 11	HUSBAND of (or) WIFE of				220 HEREBY CERTIFY, That I ettend	ed deceesed from
	ATE OF BIRTH (month, d		1/	433	Hes you have alive on Opul 1, 193	(; death Is sald
7. AC	GE Years	Months 6	Days 18	If LESS than I day,hrs. ormin.	to have occurred on the date stated bove, at	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SII K MII I					acute Deo-Colitis	Joul 4
금	9. Industry or business work was done, es SAW MILL, BANK	SILK MILL, , etc				
8	10. Date deceased last w this occupation (m year)	onth and	11. Total ti sper ocnu	me (yeers) It in this pation	Other Control of Control of Control	
12. E	BIRTHPLACE (city or town (State or country)	, Taylor	Han.C	0	Other Coutributory Causes of Importance:	
HER	13. NAME W	and Se	graves	,		
	14. BIRTHPLACE (city or (State or country)	town) ash	co. n	·C.		
2	15. MAIDEN NAME	Pedera B	0		What test confirmed diagnosis? Was there	
15. MAIDEN NAME Lara Blevins 16. BIRTHPLACE (city or town). ask Co. M.C. (State or country) 17. INFORMANT. W. S. S. Graves (Address)					23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide? Date of injury	
					Where did Injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	Stale) PLACE,
18. B	BURIAL, CREMATION, OR Place Baptist	71:	an Date Office	18 ,1934	Manner of injury	
19. U	INDERTAKER E. Sy.	Kurs	t Son		24. Wes disease or injury in any way related to occupation of deceased? If so, specify	
20. F	ILED CHOY. 80	, 1934 The	mis P/	Brown Registrar.	(Signed) Willard V. Kulls	me M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10 .- The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	71		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHISICIAN	
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V. S. No. 1

1. PLACE OF DEATH		99-2	Desirentian Dist. M	183
County	.01.		Registration Dist. No	
Village or City	uce (II	death occurred in a hospital or institu	tution, give its NAME instead of str	St.,Wai
Length of rasidanca in city or town where deeth occurred	yrs,mos	ds. How long in U.S.if	of foraign birth?yrs	mos
2. FULL NAME Delve	W. 1. 10	Leitz		
(a) Residence: No.		St., Ward.		10.
PERSONAL AND STATISTICAL PAR	ace of abode)	MEDICAL	If nonresident give city or to	
SEX 4. COLOR OR RACE 5. SINGLE, M	ARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	april 9 (Mghth) (Day)	, 193 4 (Year)
. If marfiad, widowad, or divorced HUSBAND of (or) WIFE of Condition (or) WIFE of	e stig		Y CERTIFY, Thet I	Attended deceased fr
DATE OF BIRTH (month, dey, and year)	11908	I last saw h elive on	apr & H.	19.8 4; death is s
AGE Years Months Days	If LESS then 1 day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA were as follows:	tad ebove, at _/ Q _ m. ATH and related causes of Importa	nca Date of on
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.		727	f-f-	
9. Industry or business in which	~~~~	frago Ci	walls	any
work was done, as SILK MILL, SAW MILL, BANK, atc				
	tel time (years) spent in this occupation			
2. BIRTHPLACE (city or town) (State or country)		Other Contributory Causes of im	portance: Enfunction	
13. NAME Criss It Sel	5			
13. NAME (City or town)	7	Name of operation What test confirmed diagnosis:	2/1 . 15	Date of
15. MAIDEN NAME 6 -	mocay	23. If daeth was due to external c	auses (VIOLENCE) fill in elso the	following:
16. BIRTHPLACE (city or town)) 1	Accident, suicide, or homicide?	Date of injury	y, 19
(State or country) INFORMANT (Addrass)	Thelom	Whare did injury occur? Spacify whethar Injury occurred	(Specify city or town, county In INDUSTRY, In HOME, or In PU	y and State) IBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place Town Date Cylindric Date Cy	mp/12/034	Mannar of injury Neture of injury		
9. UNDERTAKER (Address)	et Par	24. Was disease or injury in any	way related to occupation of deca	esad? LVD
O. FILED apr. 11 , 1934 Thomas	P Brown Registrar.	(Signed) (Address)	enartston	u Pa

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Other contributory causes of importance:		Other contributory eauses of importance:	
Gallbtones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	PLAINLY.
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAD Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred 29 yrs ______mos.____ds. How long in U.S. if of foreign birth? _____ vrs. ____ mos. ____ ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Jarried. (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) & 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at 9.3 A m 1 dayhrs. 60 or____min. Date of onset 8 Trade, profession, or particular retired kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... ood Jelling 10, Date deceased last worked at 11. Total time (yeers) this occupetion (month and spent in this oc:upation (State or country) 13. NAME (State or country) Was there an au'opsy? ! 3 MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Menner of injury Nature of Injury (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY - 5: 4504	July 5,1927	Peritonitis	3 days ago
	BUNEAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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County Harford			Registration Di	et No /4	12
1 11		No	negistration Di	St. 140.	
Village or City Fallslow		NO	ation, give its NAME in	nstead of street and	number)
Length of residence in city or town where death occurred_	yu mos	ds. How long In U.S. If			
2. FULL NAME Curice	L. Du	rden			
(a) Residence: No.		St., Ward.			
	ace of abode)			ve city or town and	State
PERSONAL AND STATISTICAL PAR			ERTIFICATE O	OF DEATH	
temale Shile OR DIVOR	ARRIED, WIDOWED, CCED (write the word)	DATE OF DEATH	April (Month)	13th.	, t93 4 (Year)
th married, wildowed, or hivorced HUSDAND of Columbia Grand WIFE of Columbia G. 2	miler 22.	I HEREB	CERTIFY.	That I attended	
DATE OF BIRTH (month, dey, end year) July	77 1858 11	ast saw her alive on	,	3th 19.34	
AGE Years Months Deys	11000	have occurred on the dete stat			.,
75 8 16	I day, hrs. Th	e PRINCIPAL CAUSE OF DEA			
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Atterio Sclero	sis		Oate of o
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Defe deceased last worked at 11. Total this occupation (month) and				~	
timo occupation (month and	al time (years) spant in this occupation				
BIRTHPLACE (city or town) (State or country)	Ot	ther Coatributory Causes of imp Cardio-Renal an	ortance: d Cerebral	Softenin	g
13. NAME 41 5 3. / S. /	Talle .				
July 200	uchman				-
14. BIRTHPLACE (city or town) (State or country)	ull !	eme of operation			
15. MAIDEN NAME		hat test confirmed diagnosis?			
- Description at		If death was due to external ca			
16. BIRTHPLACE (city or town) (State or country)		ccident, suicide, or homicide?		te of injury	, 19
W. January		here did injury occur?	(Specify city or to	wn, county and Sta	te)
(Address) Alson	no sp	ecify whether Injury occurred i	n INDUSTRY, in HOME	E, or in PUBLIC PL	ACE.
BURIAL, CREMATION, OR REMOVAL	Mr. Mr.	anner of injury			
Place sucho cem Date Color	2. 1 Be 10 21/	ature of injury			
UNOERTAKTORILEURY (Addless)	Ly 30 - 24.	Was disease or injury in eny v	vey related to occupation	on of deceased?	No
1 FILEO afr 14 1934 ME Rices	hardson	(Signed) Pursu	elfa	effere	9n

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS RECORD. Every Length of residence in city or town where death occurred. How long In U.S. If of foreign birth?_____yrs.____mos. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OR DIVORCED (write the word) classified. (Month) (Day) (Year) 5a. if married, widowed, or divorced HUSBAND of (or) WIFE of B 8 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Oays If LESS than 1 day, _____ hrs. DEATH and related causes of impertance or min. s follows Oats of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc back may 9. Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at no 11. Total time (years) this occupation (month end spent in this AGE so that occupation _____ instructions 12. BfRTHPLACE (city or town) (State or country) supplied. plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: WRITE PLAINLY, 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ Oate of Injury____ (State or country) Where did injury occur?.. should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation NOIL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOFRTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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